

GOVERNOR'S B.A.S.I.K. VICTIM ADVOCATE TRAINING
BUILDING ADVOCACY SKILLS, INFORMATION & KNOWLEDGE

Application for Training

Please note this is only an application. Acceptance to attend the training will be confirmed in writing by the Governor's Grants Program Training Coordinator.

General Information:

Name: _____

Organization: _____

Work Address: _____

City, State Zip: _____

Work Phone: _____ Fax: _____

E-mail: _____ Home Phone: _____

Current Position: _____

Full-time or part-time: _____

Number of hours work per week: _____

Date started in current position: _____

Percent of time spent providing direct assistance to crime victims: _____

Educational Level: _____ Major: _____

Agency Director: _____

Current Supervisor: _____

Is your position funded through the Federal VOCA grant? *✓* Yes *✓* No

May we provide your work address, phone number and e-mail to other **B.A.S.I.K.** participants? *✓* Yes *✓* No

Please list the three things you hope to learn from this training:

1. _____

2. _____

3. _____

Have you had other positions in providing victim assistance? *✓* Yes *✓* No

If yes, please describe and include how long you have been providing victim advocacy.

Please identify the learning style or format for training which is most beneficial to you?
(i.e. *interactive, group discussion, lectures, visual aids, etc.*)

In what area of victim assistance do you believe you have the most knowledge? This could be any aspect of victim assistance, including interventions, resources or specific types of victimization.

In what area of victim assistance do you believe you have the least knowledge? This could be any aspect of victim assistance, including interventions, resources or specific types of victimization.

Is there a professional contact or resource you would most like to make at this training? (For example, someone with knowledge about seeking restitution or someone with knowledge regarding death notification, etc.)

How familiar do you believe you are with Kansas laws and policies regarding crime victims? (*circle one*)

Very familiar Somewhat familiar Not familiar Not sure

Signature _____ Date _____

Please return application to:

Governor's Grants Program
Attn: Tracy Khounsavanh
Landon State Office Building
900 SW Jackson, Room 304N
Topeka, Kansas 66612-1590
Fax: 785-291-3204
Email: tracy.khounsavanh@ks.gov

"Creating S.A.F.E. Communities"



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